

4/2

04-28-2003 91510 015 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000002108

1. Entity Name
CARIBBEAN HORIZONS, INC.

Principal Place of Business: **200 DR. MARTIN LUTHER KING JR. BLVD. RIVIERA BEACH, FL 33404**
 Mailing Address: **200 DR. MARTIN LUTHER KING JR. BLVD. RIVIERA BEACH, FL 33404**

2. Principal Place of Business: **200 DR. MARTIN LUTHER KING JR. BLVD. RIVIERA BEACH, FL 33404**
 3. Mailing Address: **200 DR. MARTIN LUTHER KING JR. BLVD. RIVIERA BEACH, FL 33404**

4. FFI Number: **03-0437229** Applied For: (Not applicable)

5. Certificate of State Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
BENEDETTO, JOHN
200 DR. MARTIN LUTHER KING JR. BLVD
RIVIERA BEACH, FL 33404

7. Name and Address of New Registered Agent:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

9. Election Campaign Financing Trust Fund Contribution: \$5.00 (may be added to fees)

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10a TITLE: P NAME: Benedetto, John STREET ADDRESS: 5930 Center Street CITY-ST-ZIP: Jupiter, Fl 33458	<input type="checkbox"/> Delete	11a TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10b TITLE: S/T NAME: Benedetto, Patricia STREET ADDRESS: 5930 Center Street CITY-ST-ZIP: Jupiter, Fl. 33458	<input type="checkbox"/> Delete	11b TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10c TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	11c TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10d TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	11d TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10e TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	11e TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(2)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the approver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 10 or Book 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Benedetto DATE: 4/23/03 CLASS: 561-745-1354



55044507



CHECK HERE IF MAKING CHANGES

CIRCLES (10/02)

Attachment

55044507
#P02000002108

Division of Corporations - P.O. BOX 1500 - Tallahassee, Florida 32302

Attachment
#P02000002108

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 05-08-2002
NUMBER OF THIS NOTICE: CP 575 A
EMPLOYER IDENTIFICATION NUMBER: 03-0434229
FORM: SS-4
0134655987 B

GARIBBEAN HORIZON INC
200 DR MARTIN LUGHER KING JR BLVD
RIVIERA BEACH FL 33404

FOR ASSISTANCE CALL US AT:
1-800-829-1040

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.
IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

X